ALCOHOL AND DRUG USE: Addressing a Prolific Problem in Healthcare

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- Committee On Trauma (ACS)
  - Mandate effective in 2006
  - Level Two Trauma Centers: Screen for alcohol
  - Level One Trauma Centers (LOTC):
    Screen and provide brief interventions for alcohol
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• Education for prevention assume motivation
• High-risk individuals are often resistant
• Trauma centers can use the teachable moment
• Result: effective injury prevention strategy
• Example: alcohol counseling for problem drinkers
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• Alcohol is a significant factor in injury
• Must identify problem drinkers
• LOTC must provide intervention
• Reduced trauma recidivism by 50%

Alcohol and Trauma

• Up to 69% meet diagnostic criteria for alcohol abuse or dependence.

• 46% of patients admitted with a blood alcohol level (BAL) of zero also meet aforementioned criteria.

Alcohol and Trauma

- 40 - 50% of patients admitted to a LOTC have positive BAL on admission
- Mean BAL = 187 mg/dL
- Most prevalent chronic illness in trauma patients.

Brief Intervention Efficacy

• Long established history

• Efficacy
Alcohol Intervention

• Most patients are ready to change use.
• 86% report at least one binge-drinking episode in the past month.
  – Mean of 3.4 days of binge-drinking/month.
• 84% consider changing their drinking.

Alcohol Intervention

• 94% of patients believes someone from the trauma team should address their alcohol use.

• Barriers exist to the incorporation of routine alcohol screening and intervention in trauma centers.

• Treatment may need to be culturally adapted.

Schermer, CR; Bloomfield, LA; Lu, SW; Demarest, GB. Trauma Patient Willingness to Participate in Alcohol Screening and Intervention. Journal of Trauma. 2003; 54(4), April 2003, 701-706.
Alcohol Intervention

• 2524 patients were screened
  – 1153 screened positive (46%)
• 366 randomized to intervention group (IG)
• 396 to control group (CG)
Alcohol Intervention

• At 12 months:
  – IG decrease alcohol use by 21.8 ± 3.7 drinks/wk;
  – CG decrease was 6.7 ± 5.8 (p< 0.03)
Alcohol Intervention

• Most apparent reduction in patients with mild to moderate alcohol problems (SMAST score 3 to 8)
  – IG had 21.6 ± 4.2 fewer drinks per week
  – CG had 2.3 ± 8.3 drinks per week (p< 0.01)
Alcohol Intervention

- IG had 47% reduction in injuries requiring either emergency department or trauma center admission.
  - (hazard ratio 0.53, 95% confidence interval 0.26 to 1.07, p<0.07)

- IG had 48% reduction in injuries requiring hospital admission (3 years follow-up).

Protocol for Patient Identification

• Collection of biological screens
  – Glasgow Comma Score <15
• Nursing Admission Assessment
• Clinical Suspicion
  – “Chemical Dependency” consult
Elements of a Brief Intervention

- Never confront
- Establish rapport
- Communicate risk
- Identify pt goals
- Provide information
- Resolve ambivalence
- Develop discrepancy
- Use Open-ended questions
- Build motivation for change

- Elicit commitment to change
- Reflective listening statements
- Demonstrate respect and empathy
- Use “I” statements
- Choose strategies based on client readiness
- Initiate thinking about change in problem behavior
FRAMES

• Feedback is given about personal risk
• Responsibility to change is on the patient
• Advice to change
• Menu of options
• Empathic style is used
• Self-efficacy or optimistic empowerment is engendered in the patient
Reading the Report

• Stages of Change
  
  • Pre-Contemplation
    ✓ Not considering change
    ✓ Aware of a few negative consequences
    ✓ Unlikely to take action soon

  • Contemplation
    ✓ Aware of pros/cons of use
    ✓ Ambivalent about change
    ✓ Not decided to commit to change
Reading the Report

• Stages of Change
  • Preparation
    ✓ Decision to change
    ✓ Begins to plan steps toward recovery
  • Action
    ✓ Tries new behavior
  • Maintenance
    ✓ Establishes new behavior on long-term basis
Conclusion

• These data reinforce the need for:
  – a fully integrated BI program in trauma centers;
  – greater scrutiny of substance using trauma patients;
  – study to remove bias; and,
  – protocol to more effectively address substance use.
Questions and Answers
Contact Information

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